

00001778001 6/29/12

State of New Mexico
Voucher Batch Report
BusinessUnit 66500 Department of Health
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
AsOfDate 06/22/2012
Voucher Vchr VchrLineDescr Distr Account Account Fund VendorName 1099 Accounting Period PurchaseOrder Invoice Number Total Amount
Number Line Line# Description Withhold Year Month

00299827	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001	2012	06	0000088967	Adams, R. 6.18-6	165.00
Total For Voucher												165.00

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500 Invoice Number: Adams, R. 6.18-6.19
 Voucher ID: 00299827 Invoice Date: 06/20/2012
 Voucher Style: Regular Total: 165.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross 

Match Action

*Status: Ready 
☐ Pay UnMatched Voucher



Transaction Currency

*Source: Tables  *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 
 Approval Rule Set: Payment Approval Rule Set 1 


Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur  SBI Number: 

Prepayment

Prepayment Reference:  ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

AGENCY NAME New Mexico Department of Health

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 2
DATE 6/18/12
AGENCY CODE 66500
VOUCHER NUMBER 00299827

NAME Richard Adams	CAR LICENSE NUMBER GS1984	POST OF DUTY Ruidoso	PROPOSED (ADVANCE VOUCHER) <input type="checkbox"/>
SOCIAL SECURITY NUMBER 97303	MODEL Nissan	RESIDENCE Ruidoso	ACTUAL (RECOUPMENT VOUCHER) <input checked="" type="checkbox"/>
NORMAL WORK DAY 8am	to 5pm	YEAR 2011	

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES ENTER DESTINATION, NATURE, OF OFFICIAL BUSINESS, PARTY CONTACTED AND MISCELLANEOUS	ODOMETER READINGS		AMOUNTS			
	DEPARTURE	ARRIVAL		ENTER START AND FINISH	NO. OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	TOTALS
6/18/12	7:00am		Depart Ruidoso to Santa Fe to meet with Cabinet Secretary Overnight-Santa Fe rates apply*				135.00		135.00
6/19/12		7:00pm	Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs.				30.00		30.00
PER DIEM IS BASED ON (CHECK ONE)				TOTALS					
ACTUAL <input type="checkbox"/>				Advance Amount @ 80%					
APPROVED RATES <input checked="" type="checkbox"/>				Adjusted Reimbursement					
				I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.					
				Employee Signature _____ Date _____					

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA regulations Governing the Per Diem and Mileage Act.

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LAST MODIFIED ON 06/19/2012 09:17

(1) DFA COPY

(2) ACCOUNTING COPY

(3) VENDOR REAFFITANCE

(4) ORIGINATOR COPY

I, Richard Adams
do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the
DFA Regulations Governing the Per Diem and Mileage Act.
PAYEE SIGN HERE X *Richard Adams*

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	60001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima


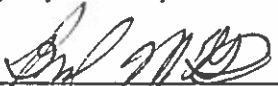
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.				
	Course Name:	Meetings in Santa Fe and ABQ for Governing Boards			
	<input checked="" type="checkbox"/> Check if training is required		<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	06/15/12	Destination:	ABQ, Santa Fe		
	Departure Date: (month/day/yr)	06/18/12	Time:	07:00 AM	Return Date: (month/day/yr)	6/19/12 Time: 07:00 PM
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	1 @ \$135/day	\$ 135.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 165.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 165.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 Employee Signature	6/19/12 Date	 Supervisor/Bureau Chief Signature	6/20/12 Date
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Division Director/Hospital Administrator
(As per specific division requirements)

Date

Cabinet Secretary Signature

(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)

Date